

IFW

## CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

on 4-28-05.

Mary Meegan  
Mary Meegan

In Re Application of:

Hui Yan

Serial No.: 10/751,370

Filed: 1-5-04

Confirmation No.: 2211

Group Art Unit: 3611

Examiner: Depumpo, Daniel

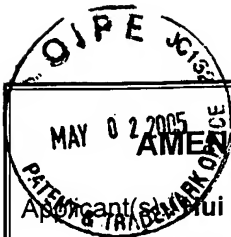
Docket No.: 292501-1010

**For: User-Propelled Riding Toys and Methods**

The following is a list of documents enclosed:

Return Postcard  
Amendment Transmittal Page  
Response to Restriction Requirement  
Power of Attorney or Authorization of Agent

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

**AMENDMENT TRANSMITTAL LETTER (SMALL)**Applicant(s) **Yan**

Docket No.

**292501-1010**Serial No.  
**10/751,370**Filing Date  
**1-5-04**Examiner  
**Depumpo, Daniel**Confirmation No.  
**2211**Group Art Unit  
**3611**Invention: **User-Propelled Riding Toys and Methods****Commissioner for Patents  
Mail Stop Amendment  
P.O. Box 1450  
Alexandria VA 22313-1450**

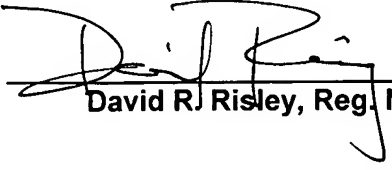
Transmitted herewith is Response to Restriction Requirement in the above-identified application.

The fee has been calculated and is transmitted as shown below

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20 -	20 =	0	X \$25.00	\$0
INDEP. CLAIMS	7 -	7 =	0	X \$100.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$180.00	\$
EXTENSION FEE	1 <sup>ST</sup> MONTH <input type="checkbox"/> \$60.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> \$225.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> \$510.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$795.00	\$
Other Fees:					\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$

- ☒ No additional fee is required.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_. A duplicate copy of this page is enclosed.
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
- ☐ A Credit Card Payment Form PTO-2038 is attached in the amount of \$\_\_\_\_\_.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

  
David R. Risley, Reg. No. 39,3454/28/05  
Date